Item 9 FilmG139 2/15/52 whw

12253

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rt. 2
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Georgetown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Same COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) AMELIA. (Middle) (Last) BROOKS
4. DATE OF DEATH (Month) 12 (Day) 21 (Year) 1951

5. SEX F
6. COLOR OR RACE C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH April 28, 1872
9. AGE last birthday 80 yrs. 79 | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Richard Myers
14. MOTHER'S MAIDEN NAME Sofia Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Raymond Brooks 917 W. Fayette St Baltimore, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH 5 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

331x

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from none, 19..., to 12/21, 1951, that I last saw the deceased alive on ....., 19....., and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE Robert E. Ensor, M.D. (Degree or title) ADDRESS Chestertown Md DATE SIGNED 12/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 27, 1951
NAME OF CEMETERY OR CREMATORY Georgetown Cem.
LOCATION (City, town, or county) Kent Co. Maryland (State)

DATE REC'D BY LOCAL REG. Dec. 27-1951
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Asbury Henry Chestertown, Md. ADDRESS Rt. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12254

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne General; MARYLAND; LENGTH OF STAY (in this place) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-- Worton; STREET ADDRESS (If rural, give location) Coleman's Corner

3. NAME OF DECEASED (Type or Print): (First) Stansbarry (Middle) (Last) Brown

4. DATE OF DEATH: (Month) (Day) (Year) December 23 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: 10/24/93

9. AGE last birthday: 58 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Perry Brown

14. MOTHER'S MAIDEN NAME: Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-8549

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Transection of Spinal Cord — Interval Between Onset and Death: 25 hour

825.5 / 170 C

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Compression fracture 5 & 6 Cervical Vertebrae — 25 hour

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Highway

(CITY OR TOWN) (COUNTY) (STATE): Near Chestertown, Md, Kent, Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 22 1951 4:45 PM

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from ~~XXXXXXXXXX~~ to ~~XXXXXXXXXX~~ the deceased died ~~alive~~ on Dec 23, 1951, and that death occurred at 5:50 P.m., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr MD (Degree or title) Deputy Med Examiner for Kent County

ADDRESS: Chestertown, Md.

DATE SIGNED: 12/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 12/27/51

NAME OF CEMETERY OR CREMATORY: Colemans Cemetery

LOCATION (City, town, or county) (State): Rural Worton, Md.

DATE REC'D BY LOCAL REG.: Dec. 26-1951

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: B.K. Fellows

ADDRESS: Still Pond, Md.

820-105

RECEIVED
DEC. 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12255

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Millington
MARYLAND
LENGTH OF STAY (in this place): 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Millington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Gladys (Last) Coleman

4. DATE OF DEATH: (Month) Dec. (Day) 28 (Year) 51

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 16-1912

9. AGE last birthday: 39 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius s Jarvis

14. MOTHER'S MAIDEN NAME: Estella Steadley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Earle Coleman-Millington, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphatic Leukemia — Interval Between Onset and Death: about 1 yr

204.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

74a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1/51, 19..., to 12/28/51 19..., that I last saw the deceased alive on 12/27/51, 19..., and that death occurred at 6 00 A.M., 12/28/51 from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert W. Farr MD

ADDRESS: Chestertown, md.

DATE SIGNED: 12/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Dec. 31

NAME OF CEMETERY OR CREMATORY: Sudlersville

LOCATION (City, town, or county) (State): Sudlersville, Md.

DATE REC'D BY LOCAL REG.: Dec. 31, 1951

REGISTRAR'S SIGNATURE: Edward Fellows

24. FUNERAL DIRECTOR: Edgar L. Lane

ADDRESS: Church Hill, md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 3: 1952
BUREAU V. S.

12256

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-02

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 314 Park Row

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) Louisa (Last) Copper
4. DATE OF DEATH: (Month) Dec (Day) 9 (Year) 1951
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, ~~MARRIED~~, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Oct 7, 1874
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical nurse
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Chestertown Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John F. Copper
14. MOTHER'S MAIDEN NAME: Regina M. Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: Mrs. Whittier Coppuck, Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 7 hours

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 940 (b) Coronary sclerosis — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1951, to 12-9, 1951, that I last saw the deceased alive on 12-9, 1951, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr — (Degree or title) M.D. — ADDRESS Chestertown, Md — DATE SIGNED 12-9-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Dec. 11 1951 | NAME OF CEMETERY OR CREMATORY: Chester Cemetery | LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: Dec. 10-1951 | REGISTRAR'S SIGNATURE: Cessa L. Barnes | 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown, Md.

764-836

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
DEC 12 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12257

CERTIFICATE OF DEATH

Reg. Dist. No. 20-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond
LENGTH OF STAY (In this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
R.	Lee	Holder	December	5	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 14, 1879	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter	Former Carpenter	Dorchester Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Holder	Mary E. Knowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	—	Mary E. Holder, Williamsburg, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Endocarditis	1 hour
241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 92 2	(b) Bronchial Asthma	6 weeks
	(c) Arthritis	1 yr.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 15, 1951, to Dec 5, 1951, that I last saw the deceased alive on Dec 5th, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. P. Atwell	M.D.	Still Pond	12/5/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 8, 1951	Hope Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/5/51	C. Kennard Jones	J.F. Trampton & Son	Federalsburg, Md.

510-246

RECEIVED
DEC 7 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kennedyville
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Kennedyville COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Kennedyville Md.
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Amelia (Middle) Marian (Last) Johnson

4. DATE OF DEATH (Month) Dec (Day) 15 (Year) 1951

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Sept-1-1889
9. AGE last birthday — 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kent Co Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hinson Smith
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Allie Johnson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Urinal Vectors	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	High Bro[illegible]	6 mo
	(c)	Paralysis [illegible]	6 hours

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

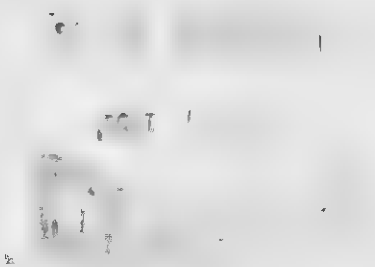
21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 12, 1951, to Dec 14, 1951, that I last saw the deceased alive on Dec 14, 1951, and that death occurred at Home 2P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. P. [illegible] ADDRESS Vail Pond DATE SIGNED 12/17/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec 19 1951
NAME OF CEMETERY OR CREMATORY Fountain
LOCATION (City, town, or county) Rural Worton (State) Maryland

DATE REC'D BY LOCAL REG. 12/19/51
REGISTRAR'S SIGNATURE E. Kennard Jones
24. FUNERAL DIRECTOR B. R. Fallows ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place) 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 LYNCHBURG ST

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDESVILLE
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) RACHEL (Last) JOHNSON

4. DATE OF DEATH: (Month) DEC (Day) 1 (Year) 1951

5. SEX F

6. COLOR OR RACE C

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH JULY 26, 1885

9. AGE Last birthday 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE

11. BIRTHPLACE (State or foreign country) MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME CHARLES DUDLEY

14. MOTHER'S MAIDEN NAME MARION JONES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. [illegible]

17. INFORMANT AND ADDRESS MARION FLOYD (DTR) CHESTERTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DIS. — Interval between onset and death: UNKNOWN

443X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

93d (c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 20 Oct 1951, to 1 DEC 1951, that I last saw the deceased alive on 20 NOV 1951, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD. ADDRESS CHESTERTOWN, MD DATE SIGNED 1 Dec 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 4, 1951 | NAME OF CEMETERY OR CREMATORY [illegible] | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REG. Dec. 3-1951 | REGISTRAR'S SIGNATURE Clara L. Barnes. | 24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 445

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTER TOWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT & QUEEN ANN'S HOSP

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. — COUNTY QUEEN ANN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHURCH HILL
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARROLL	F	LEVERAGE	DEC	9	19 51

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		Jan 16, 1880	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER-OWNER	FARMING	QUEEN ANN, MD.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
FRANK LEVERAGE	~~GRACE MEREDITH~~ CATHERINE FISHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
UNKNOWN		HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) CARCINOMATOSIS, PRIMARY UNKNOWN	2 YRS
199.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
55 e (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from NOV 6, 1951 to DEC 9, 1951, that I last saw the deceased alive on Dec 9, 1951, and that death occurred at 10 45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
D Fulbrandsen	MD.	Chestertown	Dec 9, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	PATH THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	DEC. 12	Church Hill	Church Hill	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 11-1951	Clara L. Barnes,	Edgar L. Lane	Church Hill Md

RECEIVED
DEC 13 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

12261

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Millington
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ORRIS (Middle) M. (Last) PARKS
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: March 4 1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm owner
11. BIRTHPLACE (State or foreign country): Va.
12. CITIZEN OF WHAT COUNTRY? Usa
13. FATHER'S NAME: George PARKS
14. MOTHER'S MAIDEN NAME: Mary Russell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Ruby Parker Millington Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio Sclerotic Heart Disease — 4 years

420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

93d

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/4/49, to 12/3/51, that I last saw the deceased alive on 12/3/51, and that death occurred at 11 45 P.m., from the causes and on the date stated above.

SIGNATURE: H. H. Hamilton — (Degree or title): M.D. — ADDRESS: Millington Md — DATE SIGNED: 12/6/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 6 1951 — NAME OF CEMETERY OR CREMATORY: Crumpton Am. — LOCATION (City, town, or county): Crumpton (State): Md.

DATE REC'D BY LOCAL REG.: Dec. 6, 1951 — REGISTRAR'S SIGNATURE: Edward Fellows. — 24. FUNERAL DIRECTOR: Edward Fellows — ADDRESS: Millington Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. J-02

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A-5 8-51

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Worton
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Worton Point

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Worton
STREET ADDRESS (If rural, give location) Worton Point

3. NAME OF DECEASED: (Type or Print) (First) DANIEL (Middle) — (Last) PHILLIPS

4. DATE OF DEATH: (Month) DEC (Day) 27 (Year) 1951

5. SEX: M

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JULY 9, 1862

9. AGE last birthday: 89 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laboring

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Phillips

14. MOTHER'S MAIDEN NAME: Milkey Hynson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 222-09-3369

17. INFORMANT & ADDRESS: Arthur Phillips, Worton, Md. (brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) ~~Probable~~ Probable Coronary Thrombosis — Interval Between Onset and Death: 30 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Arteriosclerotic cardio vascular disease — unknown
DUE TO (c)

42.1
92.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ..... 19..... to ..... 19....., that I last saw~~ the deceased died on 12-27 19 51, and that death occurred at 6 45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
R. Dent Warr, M.D. Deputy Medical Examiner Kent County, Chestertown, Md. 12-27-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Dec. 30 1951

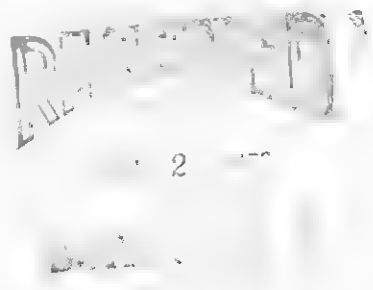
NAME OF CEMETERY OR CREMATORY Worton Point Cemetery

LOCATION (City, town, or county) (State) Worton Point Kent Co. Maryland

DATE REC'D BY LOCAL REG. Dec. 30-1951

REGISTRAR'S SIGNATURE Clara D. Barnes

24. FUNERAL DIRECTOR ADDRESS Marvin V. Williams - Chestertown, Md.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chestertown Md — LENGTH OF STAY (in this place): 2 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Chestertown Rural — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Miletoda Chestertown Md
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print) (First) Edith (Middle) Editha (Last) Rawling

4. DATE OF DEATH (Month) Dec (Day) 31 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 25, 1866

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: house work

11. BIRTHPLACE (State or foreign country): Norton Md Rural Colemans

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Isaac Freeman

14. MOTHER'S MAIDEN NAME: Ellen Withered

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Viola Pinkett Miletoda Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Endocarditis

444X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Paralysis of Throat

(c) High Blood Pressure

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 28, 1951, to Dec 31, 1951, that I last saw the deceased alive on Dec 31, 1951, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. P. Atwell M.D. — ADDRESS: Still Pond Md — DATE SIGNED: Jan 4th 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 5 1952 — NAME OF CEMETERY OR CREMATORY: Still Pond Md Mt Zion — LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: Jan. 4-1952 — REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR: B R Fellows — ADDRESS: Still Pond Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS College ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Prospect St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Reed (Last)
4. DATE OF DEATH (Month) Dec. (Day) 3 (Year) 1951

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 10, 1913
9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) don't know
10b. KIND OF BUSINESS OR INDUSTRY - None -
11. BIRTHPLACE (State or foreign country) Chestertown Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Reed
14. MOTHER'S MAIDEN NAME Mary Anna Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS 222 Spruce St. William Andrew Reed - Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Probable pulmonary edema	10 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Probable coronary sclerosis	don't know
94a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? [redacted] No. X

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., ~~that I last saw the deceased alive on ....., 19.....,~~ and that death occurred at 5 40 P.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. Deputy Medical Examiner for Kent Co. ADDRESS Chestertown, Md. DATE SIGNED 12-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 6 1951
NAME OF CEMETERY OR CREMATORY Chestertown Maryland
LOCATION (City, town, or county) (State) Chestertown R.D. Maryland

DATE REC'D BY LOCAL REG. Dec. 6 - 1951
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown Maryland

Item 9 FilmG137 1/7/52 whw

12265

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MRS. (Middle) REBECCA (Last) SCOTT
4. DATE OF DEATH (Month) 12 (Day) 12 (Year) 1951

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH May, 1883
9. AGE last birthday 68 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Rock Hall, MD.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Samuel E. Coleman
14. MOTHER'S MAIDEN NAME Emma ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Mr. Stephen G. Scott - (Same)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Edema	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Arteriosclerotic Heart Disease	3 yrs.
	(c)	

420.0
93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr., 1951, to 12/12, 1951, that I last saw the deceased alive on 12/11, 1951, and that death occurred at 8:30 A. m., from the causes and on the date stated above.

SIGNATURE Robert E. Emory MD. (Degree or title) ADDRESS Chestertown DATE SIGNED 12/12/51

23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF 12/15/51 NAME OF CEMETERY OR CREMATORY Westley Chapel LOCATION (City, town, or county) Rock Hall (State) Md.

DATE REC'D BY LOCAL REG. Dec. 12-1951 REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Edgar L. Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 17 1951
V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Rock Hall
LENGTH OF STAY (in this place) None
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
STREET ADDRESS (If rural, give location) 158 Farmside Drive

3. NAME OF DECEASED (Type or Print): (First) Reid (Middle) Johns (Last) Shaw

4. DATE OF DEATH: (Month) Dec (Day) 21 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 21, 1922

9. AGE last birthday: 29 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pilot in US Air Force

10b. KIND OF BUSINESS OR INDUSTRY: Air Force

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William N. Shaw

14. MOTHER'S MAIDEN NAME: Elizabeth Johns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes, on active duty (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 529-10-7675

17. INFORMANT AND ADDRESS: U S Air Force Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Unknown, but possible drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Head injuries sustained in escape from damaged jet plane in which he was copilot
(c) More or less free fall from unknown height when parachute failed to open properly

INTERVAL BETWEEN ONSET AND DEATH: Unknown but short / intervals

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: in jet plane
(CITY OR TOWN) (COUNTY) (STATE): over Chester River, near Centreville Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 21 1951 3:30PM
INJURY OCCURRED While at Work ☒ Not While At work ☐
HOW DID INJURY OCCUR? Airplane broke up in midair

22. I hereby certify that I attended the deceased from [illegible] 19 to [illegible] 19 that I last saw the deceased alive on Dec 21, 1951, and that death occurred about 3:30 PM from the causes and on the date stated above.
SIGNATURE: Robert W. Farr, M.D.
(Degree or title): Deputy Medical Examiner of Kent County, Md.
ADDRESS: Chestertown, Md.
DATE SIGNED: December 22 1951

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF: [illegible]
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG. Nov 23/51
REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: T. Willis Wells
ADDRESS: Chestertown, [illegible]

RECEIVED
DEC 23 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Pdnn. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [redacted] — LENGTH OF STAY (in this place): [redacted] 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [redacted]
HOSPITAL OR INSTITUTION OR STREET ADDRESS: [redacted]	STREET ADDRESS (If rural, give location): 142 Walnut St. Mont Clare
3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) May (Last) Weinert	4. DATE OF DEATH (Month) 12 (Day) 9 (Year) 1951
5. SEX: F — 6. COLOR OR RACE: W — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH: May 15, 1883 — 9. AGE last birthday: 68 ? yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work — 10b. KIND OF BUSINESS OR INDUSTRY: home	11. BIRTHPLACE (State or foreign country): Pennsylvania — 12. CITIZEN OF WHAT COUNTRY? W.S.A.
13. FATHER'S NAME: Frank Rhoades	14. MOTHER'S MAIDEN NAME: Elizabeth Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 180-07-7800 — 17. INFORMANT AND ADDRESS: Mr. William Weinert, 142 Walnut St. Mont Clare Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Unknown - probable coronary disease — about an hour

4-6.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that ~~I attended the deceased from ..... 19.... to ..... 19.... that I last saw the deceased alive on ..... 19.... and that~~ death occurred at 4 20 a.m., from the causes and on the date stated above.

SIGNATURE: Robert W Farr, M.D. — (Degree or title) Medical Examiner for Kent County — ADDRESS: Chestertown, Md — DATE SIGNED: 12-9-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Dec. 12, 1951 — NAME OF CEMETERY OR CREMATORY: Monie Cemetery — LOCATION (City, town, or county) (State): Phoenixville Penn.

DATE REC'D BY LOCAL REG.: Dec 10/51 — REGISTRAR'S SIGNATURE: S. Elwood Burgess — 24. FUNERAL DIRECTOR: Marvin V. Williams — ADDRESS: Chestertown Maryland

RECEIVED
DEC 13 1951
BUREAU V. S.

Item 7 FilmG137 1/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

12268

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Anne general

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) 108 Sycamore St

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) WHITTINGTON (Last)

4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 2-5-27

9. AGE last birthday: 24 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Const. Co.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Whittington

14. MOTHER'S MAIDEN NAME: Lydia Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 213-24-0350

17. INFORMANT AND ADDRESS: Lydia Dorsey, Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fractured skull resulting from — Interval Between Onset and Death: 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto mobile Accident on 12-25-51 at 12 45 am

825.5 1700

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): Rock Hall (COUNTY): Kent (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 12 25 51 12 45 a.m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Auto mobile accident

22. I hereby certify that I attended the deceased from 12-25, 1951, to 12-25, 1951, that I last saw the deceased alive on 12-25, 1951, and that death occurred at 2 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert W. Farr M.D. Deputy Medical Examiner for Kent County
ADDRESS: Chestertown, Md.
DATE SIGNED: 12-25-51

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial
DATE THEREOF: 12/29/51
NAME OF CEMETERY OR CREMATORY: Mt. Zion
LOCATION (City, town, or county) (State): Still Pond Md

DATE REC'D BY LOCAL REG.: Dec. 27-1951
REGISTRAR'S SIGNATURE: Clara L. Barnes
24. FUNERAL DIRECTOR: B.R. Fellows
ADDRESS: Still Pond Md.

970-246

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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JAN 21 1952
BUREAU V. S.

12269

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown
STREET ADDRESS (If rural, give location) College Avenue

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) Alfred (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) 12/29/51 19

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/21/1884

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laboring

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Williams

14. MOTHER'S MAIDEN NAME: Hester Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-28-3218 ~~none~~

17. INFORMANT & ADDRESS: Annie Williams, Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Terminal broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

352 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) ~~XXX~~ Bedridden condition or pulmonary stasis 5 or 6 months

83d

DUE TO (c) Right sided hemiplegia 7 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29/51, to 12/29/51, that I last saw the deceased alive on 12/29/51 19....., and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (DEGREE OR TITLE) MD ADDRESS Chestertown, Md. DATE SIGNED 12/29/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Jan. 2 1952

NAME OF CEMETERY OR CREMATORY Chestertown Cemetery

LOCATION (City, town, or county) (State) Chestertown Kent Co. Md.

DATE REC'D BY LOCAL REG. Jan. 2-1952

REGISTRAR'S SIGNATURE Clara S. Barnes.

24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown Md.

820-105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 7 1952
BUREAU V. S.